Brief Tobacco Cessation Interventions

Terri Holley, M.S., C.H.E.S.

Public Health Educator

National National Medical Center

Health Promotion Department

Bethesda, MD

What is Involved

- Goal clarification
- Understanding tobacco use
- Readiness to quit
- Resolution of ambivalence
- Developing a personalized quit plan
- Understanding and selecting pharmacotherapy
- Gaining/maintaining support
- Special concerns (weight gain, stress management)
- Discuss follow-up procedures

Today's Healthcare Consumer

- Well educated
- Need information quickly, fast, NOW, refined, streamlined
- Many choices available to them (tele-counseling, web-based programs, self-help programs)

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- Parking
- Traffic
- Transient environment

Experts Recommend using Multiple Modalities

National Blueprint for Disseminating and Implementing Evidence-Based Clinical and Community Strategies to Promote Tobacco-Use Cessation

Objective: Increase the proportion of health care delivery systems that make evidence-based tobacco dependence treatments delivered through multiple formats readily available

Metrics on Readiness

As a result of this class, are you planning to make a quit attempt within the next week?

Yes=45 (71%)

No=18 (29%)

Metrics on Quit Rates

(reported January 2005)

Three month quit rate=27%

- Tobacco free=10
- Not tobacco free=27

Six month quit rate=10%

- Tobacco free=3
- Not tobacco free=28

2003 Metrics

Three month quit rate=22%

- Tobacco free=16
- Not tobacco free=57

Six month quit rate=9%

- Tobacco free=7
- Not tobacco free=66

2002 Metrics

Three month quit rate=17%

- Tobacco free=16
- Not tobacco free=80

Six month quit rate=17%

- Tobacco free=16
- Not tobacco=80

Pros

- Highly accessible
- Relapse-sensitive
- Convenient for patients
- Congruent with how health consumers prefer information
- More time to employ a high-impact intervention
- Suitable for those who have relapsed

Cons

- Lacks on-going support
- Wait time for pharmacotherapy
- Acquired knowledge about tobacco cessation might be inaccurate, fraudulent or misleading

Program Augmentation

- High-impact intervention
- 72 hour post-treatment intervention/2-3 weeks
- On-going support groups
- Multiple referrals to other programs
- Pharmacotherapy
- Rigorous follow-up
  - Phone calls and/or emails
  - Pamphlets, brochures

Conclusion

- Brief, high-impact group interventions may work in certain populations
- Optimal development and diffusion will require balancing the pros and cons
- Further empirical testing is needed